

Re: Pre-Award Review Complete-- 83442701-0 🖹

Tom Walker to: Carl Davis

09/23/2009 08:40 AM

Thanks Carl.

Tom Walker
US EPA - Office of Civil Rights
External Compliance Program
Washington, DC
202-343-9680

Carl Davis

Hi Tom, The information provided for the pre-aw...

09/23/2009 08:34:52 AM

From:

Carl Davis/DC/USEPA/US

To:

Tom Walker/DC/USEPA/US@EPA

Date:

09/23/2009 08:34 AM

Subject:

Pre-Award Review Complete-- 83442701-0

Hi Tom,

The information provided for the pre-award questions appear to be in order. See attachment below.

[attachment "83442701-0 Environmental Defense Fund.pdf" deleted by Tom Walker/DC/USEPA/US]

Thanks,

Carl Davis
Grants Specialist
Grants and Interagency Agreement Management Division
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW, 3903R
Washington, DC 20460
(202) 564-1864
(202) 565-2470(fax)
Davis.Carl@epa.gov

FORM

| Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance Note: Read instructions on other side before completing form. I. Applicant/Recipient (Name, Address, State, Zip Code). Environmental Defense Fund, 257 Park Avenue South, NY NY 10010 II. Is the applicant currently receiving EPA assistance? Yes III. List all civil rights lewsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
|--|
| All Applicants and Recipient's Requesting EPA Financial Assistance Note: Read instructions on other side before completing form. I. Applicant/Recipient (Name, Address, State, Zip Code). Environmental Defense Fund, 257 Park Avenue South, NY NY 10010 II. Is the applicant currently receiving EPA assistance? Yes III. List all civil rights lewsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| I. Applicant/Recipient (Name, Address, State, Zip Code). Environmental Defense Fund, 257 Park Avenue South, NY NY 10010 II. Is the applicant currently receiving EPA assistance? Yes III. List all civil rights lewsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| II. Is the applicant currently receiving EPA assistance? Yes III. List all civil rights lewsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| II. Is the applicant currently receiving EPA assistance? Yes III. List all civil rights lewsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| List all civil rights lewsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race, color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| |
| IV. List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) |
| none . |
| List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3)) NONE |
| VI. Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below. |
| Yes Yes No Yes No If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b). No b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. § 7.70) applies. Yes No |
| VII.* Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs or activities? (40 C.F.R. § 5.140 and § 7.95) / Yes No |
| a. Do the methods of notice accommodate those with impaired vision or hearing? Yes No |
| b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? Ves No Cook the notice identify a designated civil rights coordinator? Yes No |
| VIII.* Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) |
| IX.* Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? |
| (40 C.F.R. Part 7, E.O. 13166) n/a |
| (40 C.F.R. Part 7, E.O. 13166) N/a If the applicant/moinient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its |
| (40 C.F.R. Part 7, E.O. 13166) N/a If the applicant/moinient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its |
| (40 C.F.R. Part 7, E.O. 13166) X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the program and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal cintion or Internet address |
| (40 C.F.R. Part 7, E.O. 13166) N.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. ri/a |
| (40 C.F.R. Part 7, E.O. 13166) X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/2 XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. ri/2 |
| (40 C.F.R. Part 7, E.O. 13166) X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. ri/a |
| (40 C.F.R. Part 7, E.O. 13166) X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. n/a For the Applicant/Recipient I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations. |
| X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal cintion or Internet address for, or a copy of, the procedures. n/a For the Applicant/Recipient I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations. |
| (40 C.F.R. Part 7, E.O. 13166) X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. n/a For the Applicant/Recipient I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations. A. Signature of Authorized Official B. Title of Authorized Official C. Date |
| (40 C.F.R. Part 7, E.O. 13166) X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. n/a For the Applicant/Recipient I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations. A. Signature of Authorized Official B. Title of Authorized Official C. Date 9/21/2009 |
| X.* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 77 Provide the name, title, position, mailing address, e-mail address, fax number, and telephone number of the designated coordinator. n/a XI* If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 77 Provide a legal citation or Internet address for, or a copy of, the procedures. n/2 For the Applicant/Recipient I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations. A. Signature of Authorized Official B. Title of Authorized Official C. Date 9/21/2009 For the U.S. Environmental Protection Agency I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA |

Form Approved OMB No:2030-0020 Approval Expires 7-2009



KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name: Peter Accirno

Title: Vice President for Finance and Administration

Complete Address: 257 Park Avenue South, 17th Floor New York, NY 10010

Phone Number: (212) 616-1202

Payee: Individual authorized to accept payments.

Name: Michael Greenberg
Title: Director of Finance

Mail Address: 257 Park Avenue South, 17th Floor New York, NY 10010

Phone Number: (212) 616-1358

Administrative Contact: Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)

Name: Amanda Lichtenberg
Title: Senior Government Grants Officer

Mailing Address: 257 Park Avenue South, 17th Floor New York, NY 10010

Phone Number: (212) 616-1213

FAX Number: (212) 505-0892

E-Mail Address: alichtenberg@edf.org

Principal Investigator: Individual responsible for the technical completion of the proposed work

Name: Bryan Weigle
Title: Project Manager

Mailing Address: 1875 Connecticut Avenue, NW Suite 600 Washington, DC 20009

Phone Number: (202) 572-3346

FAX Number: (202) 234-6049

E-Mail Address: _bweigle@edf.org

Web URL:

FPA Form 5700-54 (Rev 7-2009)